

CONTRA COSTA HEALTH SERVICES  
CONTRA COSTA REGIONAL MEDICAL CENTER

IV IRON SUCROSE (VENOFER®)  
ADULT ORDERS

INDICATIONS

- 1) Documented iron deficiency anemia in whom oral administration is unsatisfactory or impossible; or
- 2) Ongoing blood loss of an amount for which oral iron treatment is not adequate

ALLERGIES/REACTIONS

DOSING

☐ Patient specific dosing

Patient weight (actual): \_\_\_\_\_ kg  
Patient ideal body weight: \_\_\_\_\_ kg  
Patient height \_\_\_\_\_ inches (1 in = 2.54 cm)  
Patient current hemoglobin (Hgb) level \_\_\_\_\_

**Note: Use lesser weight  
ideal body weight OR  
actual body weight**

**Calculate dose: see reverse for Dosing Formula or Dosing Chart by gender**

**Order:** Iron Sucrose \_\_\_\_\_ mg IV x \_\_\_\_\_ (# of doses) every \_\_\_\_\_ days  
max of 400 mg/day and  
total cumulative dose NOT TO EXCEED 1000 mg in 14 days

☐ Start Normal Saline IV TKO

ADMINISTRATION

Watch for hives, itching, or anaphylaxis

- 1) Baseline 30 min and 1-hr vitals and document: blood pressure, pulse, respirations, and auscultate lungs
- 2) If any of the following occur, immediately stop medication/infusion, notify physician and administer:
  - a. Hives/rash or itching only
    - ☒ Diphenhydramine 50 mg slow IV push x 1
  - b. Anaphylactic reaction can occur anytime during the infusion (symptoms of shortness of breath and/or chest pain)
    - ☒ Epinephrine 0.3 mg intramuscular x 1, may repeat x 1 in 5 min (use 0.3mL of 1:1,000 solution)
    - ☒ Diphenhydramine 50 mg slow IV push x 1
    - ☒ Hydrocortisone 100 mg IV push x 1

Iron Sucrose can be administered as: 100 mg-200 mg Iron Sucrose undiluted slow IV push over 2 to 5 min  
100 mg Iron Sucrose in 100 mL 0.9% NaCl IV infusion over 15 min  
200 mg Iron Sucrose in 250 mL 0.9% NaCl IV infusion over 1 hr  
300 mg Iron Sucrose in 250 mL 0.9% NaCl IV infusion over 1.5 hr  
400 mg Iron Sucrose in 250 mL 0.9% NaCl IV infusion over 2.5 hr  
NOT recommended for IM administration

MONITORING RECOMMENDATIONS

Iron panel in 1 month  
Weekly CBC

Takes ~4 weeks to see effects on Serum Iron/Ferritin and TIBC.

Serum iron concentrations will not be accurate if drawn within 48 hrs after infusion. Wait at least 48 hours after the last dose is given.

LAB ORDER

Noted by

Date/Time

Physician Signature

Date/Time

## FORMULA METHOD

### 1) Determine which is less, ideal body weight or actual body weight.

- i) IBW for males (in kg) =  $50 + 2.3 (\text{height in inches} - 60 \text{ in})$
- ii) IBW for females (in kg) =  $45.5 + 2.3 (\text{height in inches} - 60 \text{ in})$

### 2) Determine **Total mL iron needed** to get to desired hemoglobin level (Hgb = hemoglobin).

- a) **mL Iron needed** =  $[0.0442 \times (\text{desired goal Hgb} - \text{observed Hgb}) \times \text{weight}] + (0.26 \times \text{weight})$ .

Note: Use lesser weight IDEAL body weight (IBW) OR actual body weight.

- b) Calculate **mg Iron Sucrose needed** = mL Iron needed (from a. above) x 20 mg/mL.

### 3) Once you determine the patient's "mg Iron Sucrose needed", please write that amount onto the front of the form.

## CHART METHOD

- 1) Charts are gender specific, utilizing a target hemoglobin of 14 g/dL for men and 12.5 g/dL for women.
- 2) Use appropriate weight (whichever is less, lean or actual) AND the current hemoglobin.

MALES, goal of 14 g/dL		Baseline Hemoglobin (prior to Iron Sucrose administration)							
Weight		3 g/dL	4 g/dL	5 g/dL	6 g/dL	7 g/dL	8 g/dL	9 g/dL	10 g/dL
kg	lb	mg needed	mg needed	mg needed	mg needed	mg needed	mg needed	mg needed	mg needed
30	66	450	420	390	370	340	320	290	260
35	77	520	490	460	430	400	370	340	310
40	88	600	560	530	490	460	420	380	350
45	99	670	630	590	550	510	470	430	390
50	110	750	700	660	610	570	530	480	440
55	121	820	770	720	670	630	580	530	480
60	132	900	840	790	740	680	630	580	520
65	143	970	910	860	800	740	680	630	570
70	154	1040	980	920	860	800	740	670	610
75	165	1120	1050	990	920	850	790	720	650
80	176	1190	1120	1050	980	910	840	770	700
85	187	1270	1190	1120	1040	970	890	820	740
90	198	1340	1260	1180	1100	1020	950	870	790
95	209	1420	1330	1250	1170	1080	1000	910	830
100	220	1490	1400	1320	1230	1140	1050	960	870

Note: use LESSER body weight, ideal or actual. IBW for males (in kg) =  $50 + 2.3 (\text{height in inches} - 60)$

FEMALES, goal of 12.5 g/dL		Baseline Hemoglobin (prior to Iron Sucrose administration)							
Weight		3 g/dL	4 g/dL	5 g/dL	6 g/dL	7 g/dL	8 g/dL	9 g/dL	10 g/dL
kg	lb	mg needed	mg needed	mg needed	mg needed	mg needed	mg needed	mg needed	mg needed
30	66	410	380	350	330	300	280	250	220
35	77	470	440	410	380	350	320	290	260
40	88	540	510	470	440	400	370	330	300
45	99	610	570	530	490	450	410	370	330
50	110	680	640	590	550	500	460	410	370
55	121	740	700	650	600	550	500	460	410
60	132	810	760	710	660	600	550	500	440
65	143	880	830	770	710	650	600	540	480
70	154	950	890	830	770	700	640	580	520
75	165	1010	950	890	820	750	690	620	560
80	176	1080	1020	950	880	800	730	660	590
85	187	1150	1080	1010	930	860	780	700	630
90	198	1220	1140	1060	990	910	830	750	670
95	209	1280	1210	1120	1040	960	870	790	700
100	220	1350	1270	1180	1090	1010	920	830	740

Note: use LESSER body weight, ideal or actual. IBW for females (in kg) =  $45.5 + 2.3 (\text{height in inches} - 60)$

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